

**NEW HAMPSHIRE DEPARTMENT OF AGRICULTURE, MARKETS & FOOD
DIVISION OF REGULATORY SERVICES
PO BOX 2042
CONCORD, NH 03302-2042
(603) 271-3685, 271-2753**

APPLICATION FOR SEED LABELING LICENSE

Application is hereby made to the commissioner of agriculture, markets & food for a seed labeling license in accordance with the New Hampshire Seed Law, RSA 433:9-a, for the calendar year ending December 31, _____. Enclose the annual licensing fee of \$50.00 payable to, "Treasurer, State of New Hampshire."

DATE: _____

COMPANY NAME: _____

STREET/PO BOX: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ FAX: _____ EMAIL: _____

SIGNATURE & TITLE: _____

NAME OF SIGNATOR (please print): _____

TYPES OF SEEDS:

- ☐ AGRICULTURAL
- ☐ VEGETABLE
- ☐ FLOWER
- ☐ TREE AND SHRUB
- ☐ SPROUTING

BRAND NAMES: _____

